# *LOS ANGELES COUNTY COMMISSION ON HIV*

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## PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

June 22, 2010

| MEMBERS PRESENT | MEMBERS ABSENT | PUBLIC | COMM STAFF/ CONSULTANTS |
|---|---|---|---|
| Jeffrey Goodman, *Co-Chair* | Thelma James | Robert Boller | Jane Nachazel |
| Kathy Watt, *Co-Chair* | Abad Lopez | Miguel Fernandez | Glenda Pinney |
| Douglas Frye | | Aaron Fox | Craig Vincent-Jones |
| Michael Green | | Scott Singer | |
| Bradley Land | | Jason Wise | |
| Ted Liso | | | **HIV EPI AND OAPP STAFF** |
| Anna Long | | | |
| Quentin O'Brien | | | Juhua Wu |
| Tonya Washington-Hendricks | | | |

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1) **Agenda**: Priorities and Planning (P&P) Committee Meeting Agenda, *6/22/2010*
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3) **Spreadsheet**: OAPP Recommendations for YR 21 Ryan White Part A/Part B Allocations, *6/15/2010*
4) **Table**: Fiscal Year 2011 Service Category Rankings, *6/22/2010*
5) **PowerPoint**: Other Streams of Funding for HIV/AIDS Services, *6/15/2010*
6) **List**: Fiscal Year 2011 Priority- and Allocation-Setting, Paradigms and Operating Values to be Ratified, *2/23/2010*
7) **Table**: HIV/AIDS Continuum of Care, *4/22/2009*
8) **List**: HIV Service Category Definitions, *4/28/2009*
9) **Policy Notice**: HIV/AIDS Bureau Policy Notice 10-02, Eligible Individuals and Allowable Uses of Funds for Discretely Defined Categories of Services, *4/8/2010*

1. **CALL TO ORDER**: Mr. Goodman called the meeting to order at 1:45 pm. Participants identified their conflicts of interests.

2. **APPROVAL OF AGENDA**:
   **MOTION #1**: Approve the Agenda Order **(*Passed by Consensus*)**.

3. **APPROVAL OF MEETING MINUTES**:
   **MOTION #2**: Approve the 6/15/2010 Priorities and Planning (P&P) Committee meeting minutes with addition to page 2, bullet 6 that the Executive Committee should be notified that if the next P-and-A process is moved up to begin August 2010 then the Commission Work Plan will also have to be adjusted **(*Passed by Consensus)***.

4. **PUBLIC COMMENT, NON-AGENDIZED**: There were no comments.

5. **COMMISSION COMMENT, NON-AGENDIZED**:
   - Mr. Land said State cuts have increased share-of-cost for Medi-Medi PWH. It creates a burden by adding Part D "donut hole" costs to Medi-Cal co-pays. His standard provider co-pay would reduce cost, but he is not eligible because he has Medi-Cal.
   - Ms. Watt said consumers who qualify for Medi-Cal must access it before they are eligible for Ryan White services.

- Health Insurance Premium/Cost Sharing can cover co-pays, but it is not certain it can be used for Medi-Cal co-pays. One federal program ordinarily cannot fund co-pays for another, but some states appear to be doing so.
- ➲ Mr. Vincent-Jones will discuss the issue with Julie Cross to develop a response to the financial barrier to care.

6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP**: In response to a question from Ms. Watt, Dr. Long said it was her understanding that the 90-day contract review extension initiated by the Chief Executive Office (CEO) applied to all departments. She noted the review involves an additional process. She did not know whether any departments would receive exemptions.

7. **CO-CHAIRS' REPORT**: There was no report.

8. **FY 2009/2010 EXPENDITURES**: This item was postponed.

9. **FY 2011 PRIORITY- AND ALLOCATION-SETTING**:
   A. **Allocation-Setting**:
      - Dr. Green explained that OAPP's recommendation apparently reducing Medical Outpatient/Specialty (MO/S) from FY 2010 from 58.5% to 57.3% in FY 2011 represents, in fact, flat funding, e.g., Therapeutic Monitoring Program (TMP) augmentation increases the size of the total funding from which the percentage is derived.
      - Ms. Wu noted dollars were allocated in FY 2010 for MO/S, but percentages for other services. The intent was flat funding, but the change to a State Single Allocation Model (SAM) increased total County funds. Most categories had to be augmented to maintain fund percentages. Some augmentations are still in process. MO/S funds allocated were a $21 million minimum that was later increased to $23 million.
      - Mr. Goodman noted that 1% of FY 2011 total funding is about $395,000.
      - Dr. Green said OAPP would not know the actual state and federal funding available for the year until July 2011 since the state fiscal year starts July 1. There is a fairly accurate funding estimate for the state year starting 7/1/2010. Those funds will run through June 2011. The Part A and MAI awards will arrive in March 2011 followed by the next State award.
      - Dr. Green said OAPP was recommending several funding shifts. Most are not designed to change services, but rather to re-align funding resources or reflect under-spending. For example, Hospice/Skilled Nursing contracts remain the same, but they are under-spent. For that reason, OAPP recommended reducing the allocation from 2.0% to 1.5%.
      - OAPP recommended a Part A increase for Case Management (CM), Home-based from 0.8% to 6.8% to re-align funds for services previously supported through Net County Cost (NCC) and Part B/SAM. Overall, this represents a $1million decrease despite the Part A increase, but actual spending since the State funding reduction is similar to the 6.8% OAPP recommendation.
      - CM, Home-based also is a core medical service, which helps to meet HRSA's required 75% expenditure threshold.
      - Mr. Singer noted there is a co-program, the Medi-Cal Waiver Program, which runs simultaneously with CM, Home-based. Contracts that provide the latter can be used to leverage additional services through the former, so cutting CM, Home-based would reduce Medi-Cal Waiver as well.
      - Dr. Frye requested clarification on CM, Home-based funding. Dr. Green replied there had been eight directly-funded state providers. OAPP had contracts with six, so was able to continue them at reduced funding. The other two were de-funded.
      - The one OAPP increase recommendation is for Mental Health, Psychiatry. Dr. Green said he had worked with providers for over three years to increase psychiatrist hours to meet need. Providers can now do so and the increase supports that.
      - Mr. Goodman noted the transition to Medical Care Coordination (MCC) is important, but implementation cannot be expected until the last quarter of FY 2011. For that reason, CM, Medical and Psychosocial were listed under the MCC heading. It had been anticipated that the SPA 1 MCC pilot would have generated data by this point, but it has been delayed.
      - Ms. Watt suggested allocating for Outreach, CM, Medical and Psychosocial for the first three quarters; then for MCC.
      - Mr. Vincent-Jones said Outreach is part of the MCC Standard of Care. He noted P&P had agreed not to fund Outreach for FY 2011 as no contracts are in place and any additional MCC need cannot be evaluated until implementation. Re-evaluation of Outreach funding, either as a stand-alone service or to supplement MCC, has been planned for FY 2012.
      - He added that treatment adherence counseling is also part of both the MO/S and MCC Standards of Care. Treatment Education is a separate service category intended to provide supplemental services outside of those environments.
      - Mr. O'Brien suggested allocating 7.7% to MCC and authorizing OAPP to distribute it appropriately.
      - Dr. Green said the key difference is that once MCC contracts are in place the number of units reported to HRSA as CM, Medical will increase because MCC contractors will need to include nurse case managers which drives the service shift.

- Mr. Boller was concerned that identified gaps were not addressed in flat funding, e.g. Nutrition Support. Mr. Vincent-Jones noted a study was planned and 1.0% funding retained most of the original 1.1%. He responded that there are, unfortunately, still gaps in most services. The Committee has to find the right balance.
- Mr. O'Brien was not certain that OAPP percentages for MO/S and others represented flat funding. He was concerned about a funding reduction for those services and proposed his motion to maintain that rather than increase funds. It was also intended to ensure NCC funding did not supplant Ryan White funds over which the Commission has control.
- Dr. Green said HRSA now requires jurisdictions to count only care services, not prevention services, funding for Maintenance of Effort (MOE). That makes it highly unlikely any NCC funds would shift from care to prevention.
- Dr. Green was reluctant to increase MO/S for several reasons. It is now in solicitation, so the shift from cost reimbursement to fee-for-service contracts is expected in FY 2011. After the shift, MO/S providers will be invoicing based on the number of service units rather than staff time. It is likely providers will invoice less initially as they adjust since staff time can be invoiced immediately while service units are invoiced after delivery.
- Dr. Long felt most people essentially wanted to maintain services as they are. She suggested phrasing a motion that said something such as, "We think that this is a reasonable estimation of our current system. And should it be that we find out that because of expenditures or something else that changes this, then we will go back and look at those specifics."
- Ms. Watt suggested voting on the allocations and then utilizing directives to tell the picture part of the story.

➲ The Committee confirmed they would allocate by percentages only rather than using dollars and percentages.
➲ Agreed to allocate at 0.0% all categories currently allocated at 0.0%.

**MOTION #3**: ***(O'Brien/Land)***: Adopt OAPP recommendations with the following changes: 1) restore Medical Outpatient/Specialty to 58.5%; 2) consolidate Medical Care Coordination to 9.1%, which is restoring the previous year's levels of Case Management, Medical and Psychosocial and to include Outreach in that category; 3) restore Mental Health, Psychotherapy to 6.5%; and 4) reduce Case Management, Home-based, not completely to 0.8%, but to 3.0%. ***(Withdrawn)***.

**MOTION #4**: ***(O'Brien/Liso)***: Accept the recommendations put forward by OAPP with one exception: consolidate Case Management, Medical and Case Management, Psychosocial into a single allocation for Medical Care Coordination at 7.7%, which is the combined amount as indicated below **(*Passed: Ayes,*** Frye, Goodman, Green, Land, Liso, Long, O'Brien, Washington-Hendricks, Watt; ***Opposed,*** none; ***Abstentions,*** none**)**.

| Service Category | FY 2011 Rankings | Proposed FY 2011 Allocations | OAPP Recs | FY 2010 Allocations |
|---|---|---|---|---|
| **Medical Outpatient/Specialty**[1] | 1 | **57.3%** | **57.3%** | **58.5%**/[1] |
| **AIDS Drug Assistance Program (ADAP)/ADAP Enrollment** | 2 | 0.0% | 0.0% | 0.0% |
| **Oral Health Care** | 3 | **3.7%** | **3.7%** | **3.7%** |
| **Health Insurance Premiums and Cost Sharing** | 4 | **1.0%** | **1.0%** | **1.0%** |
| **Local Pharmacy Program/Drug Reimbursement** | 5 | 0.0% | 0.0% | **58.5%**/[1] |
| Benefits Specialty | 6 | **2.0%** | **2.0%** | **2.0%** |
| **Medical Care Coordination** | 7 | **7.7%**[2] | NA | NA |
| **MCC – Case Management, Medical** | | NA | **1.2%** | **1.5%** |
| MCC – Case Management, Psychosocial | | NA | **6.5%** | **7.6%** |
| **Mental Health, Psychiatry** | 8 | **2.9%** | **2.9%** | **2.5%** |
| **Mental Health, Psychotherapy** | 9 | **5.3%** | **5.3%** | **6.5%** |
| Substance Abuse, Residential | 10 | **5.9%** | **5.9%** | **6.5%** |
| **Early Intervention Services** | 11 | **2.0%** | **2.0%** | **3.2%** |
| Case Management, Housing | 12 | 0.0% | NA | 0.0% |
| Residential, Transitional and Permanent | 13 | 0.0% | 0.0% | 0.0% |
| **Case Management, Home-based** | 14 | **6.8%** | **6.8%** | **0.8%** |
| **Substance Abuse, Treatment** | 15 | 0.0% | 0.0% | 0.0% |
| **Treatment Education** | 16 | 0.0% | 0.0% | 0.0% |
| Nutrition Support | 17 | **1.0%** | **1.0%** | **1.0%** |
| **Medical Nutrition Therapy** | 18 | 0.0% | 0.0% | 0.0% |
| **Medical Transportation** | 19 | **1.7%** | **1.7%** | **1.7%** |
| **Skilled Nursing** | 20 | **1.5%**[3] | **1.5%**[3] | **2.0%**[3] |
| **Home Health Care** | 21 | 0.0% | 0.0% | 0.0% |

| Service Category | FY 2011 Rankings | Proposed FY 2011 Allocations | OAPP Recs | FY 2010 Allocations |
|---|---|---|---|---|
| **Hospice** | 22 | **1.5%**[3] | **1.5%**[3] | **2.0%**[3] |
| Legal | 23 | 0.0% | 0.0% | 0.0% |
| Outreach | 24 | 0.0% | 0.0% | 0.0% |
| Case Management, Transitional | 25 | **1.2%** | **1.2%** | **1.5%** |
| Workforce Entry/Re-entry | 26 | 0.0% | NA | 0.0% |
| Direct Emergency Financial Assistance | 27 | 0.0% | 0.0% | 0.0% |
| Child Care | 28 | 0.0% | NA | 0.0% |
| Health Education/Risk Reduction | 29 | 0.0% | 0.0% | 0.0% |
| **Counseling and Testing in Care Settings** | 30 | 0.0% | NA | **58.5%/**[1] |
| Language/Interpretation | 31 | 0.0% | 0.0% | 0.0% |
| Peer Support | 32 | 0.0% | 0.0% | 0.0% |
| Rehabilitation | 33 | 0.0% | 0.0% | 0.0% |
| Referrals | 34 | 0.0% | 0.0% | 0.0% |
| Respite Care | 35 | 0.0% | 0.0% | 0.0% |
| Psychosocial Support | 36 | 0.0% | NA | 0.0% |

**Bolded** services are core medical services.
[1] Medical Outpatient/Specialty services include Local Pharmacy Program/Drug Reimbursement and Counseling and Testing in Care Settings.
[2] Includes Case Management, Medical and Case Management, Psychosocial.
[3] The allocation is combined for these two service categories.

10. N**UTRITION SUPPORT STUDY**: This item was postponed.

11. P**ROCUREMENT/SOLICITATION PROCESS REFORM**: This item was postponed.

12. **ADVERSITY SECTORS**: This item was postponed.

13. **GEOGRAPHIC ESTIMATE OF NEED FORMULA**: This item was postponed.

14. **HOSPICE SERVICES NEEDS ASSESSMENT**: This item was postponed.

15. **MONITORING GOALS/OBJECTIVES**: This item was postponed.

16. **COMMITTEE WORK PLAN**: This item was postponed.

17. **OTHER STREAMS OF FUNDING**: This item was postponed.

18. **STANDING SUBCOMMITTEES**: This item was postponed.

19. **NEXT STEPS**: There was no additional discussion.

20. **ANNOUNCEMENTS**: There were no announcements.

21. **ADJOURNMENT**: The meeting was adjourned at 3:40 pm. The next meeting will be 7/20/2010, 1:30 to 4:30 pm, 3530 Wilshire Boulevard, 7th Floor, Training Rooms A and B. It will address: directives, including recommendations, expectations and guidance; any allocations appeals; and FY 2011 Priorities- and Allocation-Setting process evaluation.